

**Hearing Aid Program for Infants and Children
Massachusetts Department of Public Health
Division for Perinatal, Early Childhood, and Special Health Needs
250 Washington Street, 5th floor
Boston, MA 02108-4619
1-800-882-1435
Fax: 617-994-9822**

Financial Guidelines: Effective January 2007 and subject to change according to the availability of funds.

Family Size*	Maximum Adjusted Gross Income**
1	\$24,500
2	\$33,000
3	\$41,500
4	\$50,000
5	\$58,500
6	\$67,000
7	\$75,500
8	\$84,000

- **Family size:** The applicant child, parent(s), guardian(s), dependent siblings, and other dependents.
- **Adjusted gross income:** Total annual family income before taxes, less allowable medical expenses and other deductions (see instructions on application form).
- **Assistance is available for children from birth - 21st birthday.**
- **All available sources of funding for hearing aids (including health insurance) must be used prior to billing the Hearing Aid Program for Infants and Children.**